

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 02/07/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18011932/13	SAS e-filing		
Veh No G13F53485	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 30/06/18 0605	i-Motor Claim Form	MT/1001211 - 002	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**TWINCAR**) Tel: Fax:)

TP Particulars:	Veh No: G8E6JX	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1804139	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	02/07/2018 10:00
Date Of Accident	30/06/2018 06:05
Exact Location Of Accident	PIE TWDS CHANGI SLIP RD TO PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF5348J
Insured/Policyholder	
Name Of Registered Owner	VYY PTE. LTD.
Co Reg No	200903502N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67478880
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091207372-01
Cover Note Number	
Driver	
Name of Driver	TOH TECK HENG
NRIC No	S1628332J
Date Of Birth	12/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886965
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 691B CHOA CHU KANG CRESCENT #24-54
Postcode	682691
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE62X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WU YU TING, KEITH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF293R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOH TECK HENG

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBF5348J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

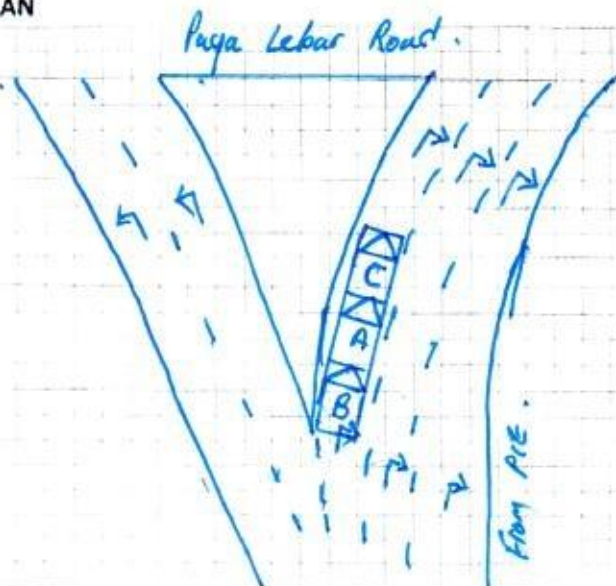
VYY **VYY PTE LTD**
CO./GST NO.: 200903502N
BLK 1078 EUNOS AVE 6
#01-168 SINGAPORE 409634
TEL: 6747 8880 FAX: 6747 0938

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



(A) GBF 5348J
(B) GBE 62X
(C) GBF 293R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/06/18 at 0605 hrs, I was travelling in my vehicle (GBF 5348J) along PIE towards Changi stop road into Paya Lebar on the extreme left lane. I slow down and stopped due to red light. Suddenly, a van (GBE 62X) from behind collided onto the rear portion of my vehicle. The impact was so strong, that pushed my vehicle forward and caused my vehicle to collide onto the van (GBF 293R) ahead of me.

VYV PTE LTD
DECLARATION

I/We declare the foregoing particulars to be true in every respect.

VYV PTE LTD
GST NO.: 200903502N
BLK 1078, EUNOS AVE 6
#01-168 SINGAPORE 600084
TEL: 6747 8880 FAX: 6747 0938

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

02/07/18

Vehicle No.	GBF 5348 J		Model / Make	Nissan Cabstar
Date of Accident	30/06/18			
Time of Accident	0605 HRS			
Location of Accident	Pte towards Changi slip road Paya Lebar Road			
Exact purpose use during accident	Commercial			
Name of Owner	VYY Pte Ltd			
Telephone No.	H/P :	Home :	Office : 6747 8880	
NRIC	A 200903502 N			
Address	BLK 1078, Zuoas Ave 6 #01-168 (S) 409634			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5091207372-01			
Name of Driver	As Above If No, Toh Teck Heng			
NRIC	S 1628332 J		Any Passengers :	N.A.
Date of birth	12/07/1964			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	19/09/1984			
Gender	Male	/	Female	
Contact No.	H/P : 8488 6965	Home :	Office :	
Address	BLK 6918 Choa Chu Kang Crescent #24-54 (S) 682691			
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No	If Yes, Who?		
Name And Contact No.	Toh Teck Heng (H/P: 8488 6965)			
Name And Contact No.				
Police Report	No	If Yes, Where?		
Vehicle B No.	GBE 62 X		Any Passengers :	N.A.
Name of Driver	Wu Yu Ting, Keith		Contact No. :	
Vehicle C No.	GBF 293 R		Any Passengers :	N.A.
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N.A.		Witness Contact :	
Accident Portion	Front and Rear Portion			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	Turncar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Hui Xin			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1628332**
 Name: **TOH TECK HENG**

Birth Date: **12 Jul 1964**
 Issue Date: **15 Jun 2010**

001865911H




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1628332J**

Name: **TOH TECK HENG**

卓 德 兴

Race: **CHINESE**
 Date of birth: **12-07-1964** Sex: **M**

Country of birth: **SINGAPORE**




S1628332J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 1: Motor Car: < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg


Class 2: Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

Class 3: Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

EFFECTIVE DATE: **19 Sep 1984**
03 Oct 1988

NP 428A

Licence No: **S1628332J**



4838799



NRIC No. **S1628332J**



Date of issue: **09-03-2012**

Address: **APT BLK 691B CHOA CHU KANG CRESCENT #24-54 SINGAPORE 682691**

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5091207372-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBF5348J**
Chassis Number : JN1SC2F24Z0859324
2. Name of Policyholder : VYY PTE. LTD.
3. Effective Date of Insurance : 25 May 2018
4. Expiry Date of Insurance : 24 May 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TAN CHONG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TOH BINGLIANG ELVIN (00000630509)
Date of Issue : 18 May 2018 17:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1001211

Policy No.	5091207372-01	Vehicle No.	GBF5348J	GST Registration No.	200903502N
Policyholder Name	VYY PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	200903502N
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	67478880	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	02/07/2018 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	30/06/2018	Time of Accident hh:mm	06:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI SLIP RD TO PAYA LEBAR RD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	15/05/2009
GST Registration No.	200903502N	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 107B #01-168	Address 2	EUNOS AVENUE 6	Address 3	SINGAPORE 409534
Address 4		Address Type	Singapore address	Post Code	409634
Unit No.		Related Policy Number	5091197433-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/07/1964
Unnamed driver Name	TOH TECK HENG	Driver NRIC	S1628332J	Driving Experience	33
Register Date of Driver License	19/09/1984	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 682691
Address 1	BLK 691B #24-54	Address 2	CHOA CHU KANG CRESCENT	Post Code	682691
Address 4		Address Type	Singapore address		
Unit No.	24-54				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	VYY PTE. LTD.	Insured NRIC	200903502N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67478880
Email Address		OI Vehicle Number	GBF5348J	TP Vehicle Number	GBE62X
Claim Description	GBF5348J / GBE62X ON 30 Jun 2018			Name of Preferred Workshop	TWINCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	02/07/2018 18:47	Claim Close Date		Date Received	02/07/2018 00:00
Report Taken By	ROSILINDA				

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1001211	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/07/2018 18:48

Path *

Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

No file chosen No file chosen No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:48	SAS	Normal	SAS 2018-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:48	Photos	Normal	Photos 2018-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:48	Photos	Normal	Photos 2018-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:48	Photos	Normal	Photos 2018-7-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:47	Photos	Normal	Photos 2018-7-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:47	Photos	Normal	Photos 2018-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:47	Photos	Normal	Photos 2018-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 18:47	Photos	Normal	Photos 2018-7-2

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window Scan and uploading</div>			